

ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

Kareem M Ward

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against- Bureau
of Vital Records
D.C. 37 Union Insurance Company

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)



Complaint for Violation of Civil
Rights

(Non-Prisoner Complaint)

23-CV-5236-NRM-LB

Case No.

(to be filled in by the Clerk's Office)

Jury Trial: Yes No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	KAREEM H WARD
Street Address	5113 2nd Ave
City and County	Brooklyn Kings
State and Zip Code	NY 11220
Telephone Number	347 995-0456
E-mail Address	aline23rd@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Bureau of Vital Records
Job or Title (if known)	
Street Address	125 worth St #144
City and County	New York,
State and Zip Code	N.Y 10013
Telephone Number	212 639-9675
E-mail Address (if known)	

Defendant No. 2

Name D.C.37 union insurance company
Job or Title _____
(if known) _____
Street Address 125 Barclay St New York
City and County New York
State and Zip Code N.Y. 10007
Telephone Number 212 815-10007
E-mail Address _____
(if known) _____

Defendant No. 3

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 4

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

- A. Are you bringing suit against (*check all that apply*):

- State or local officials (a § 1983 claim)
 Federal officials (a *Bivens* claim)

- B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

18 U.S. code 242 Deprivation of Rights under color of Law
18 U.S. code chapter 47 Fraud And False
Statements - 18 U.S. code 1341 Frauds and Swindles
18 U.S. code 2071 concealment Removal or mutilation generally

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

14th Amendment

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

vital records intentionally corrected my birth certificate
with malice, That Abled foster parent to conspire
with D.C 37 TO falsely claim Beneficiary entitlement
money Benefits Belonging to me, AS well
with Hold other Benefits such AS Annuity

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

125 worth st # 144 ny, n.y 10013- 125 barclay st, ny ny 10007
foster parent Applied to be put AS biological
parents to further A Identity theft, charlette more

- B. What date and approximate time did the events giving rise to your claim(s) occur?

Around OR About 9/11/15 when I was made
Aware of the Death Benefits,
June 17th 2016 I was made aware of Birth certificate

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

THE Correction of my birth certificate
gated unauthorized people access to city
and state benefits, federal social security
Benefits, seperated me from biological
parents which stripped me of Beneficiary
entitlements, forcing me to live less
than my natural worth, Homelessness with
Documentation of thousand's of Dollars
Distributed in my name, Hospital
Documentation stating my Birth certificate
Doesnt match hospital Records

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Lost of identity, financial stability

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

A Death Benefit from DC 37 for 10 thousand \$
Annuity that been available since 2001, because
of my birth certificate I lost access to TRUSTFund
Estate, SSI and SSD Benefits, Retirement, survivors
disability insurance, Railroad Retirement
Army pension, I ASK the courts to order
the judgement of 250 thousand Dollars
each defendant

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: July 5th 2023

Signature of Plaintiff 

Printed Name of Plaintiff Kareem H. Ward